



UNIVERSITY OF BABYLON COLLEGE OF MEDICINE



insomnia

By:

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2023-2024



1. INTRODUCTION

Background

Insomnia-the unwelcome experience of difficulty sleeping-is common and can be acute, intermittent, or chronic. Insomnia can be the presenting symptom for several common sleep disorders, but it also often occurs comorbidly with mental and physical health conditions. Evaluating the symptom of insomnia requires assessing- largely by history-whether an underlying condition explains it. Insomnia disorder is the diagnostic term for the symptom of insomnia that merits specific attention. Cognitive behavioral therapy for insomnia is the preferred treatment approach because of its efficacy, safety, and durability of benefit, but pharmaceutical treatments are widely used for insomnia.

Aim

The primary objective of this research is to find the prevalence of the insomnia among the medical students.

Method

This is Cross-sectional study was done in Babylon University during period from February 2024 till April 2024. The sample composed of 492 Students both males and females currently studying in Babylon. By questionnaire suggested by Dr. Reem AL-Saad . The questionnaire was developed in Google Form and sent to all students in different levels and department through relevant Telegram channels the period of data collection 3 weeks.

Introduction

Insomnia disorder affects a large proportion of the population on a situational, recurrent or chronic basis and is among the most common complaints in medical practice. The disorder is

predominantly characterized by dissatisfaction with sleep duration or quality and difficulties initiating or maintaining sleep, along with substantial distress and impairments of daytime functioning. It can present as the chief complaint or, more often, co-occurs with other medical or psychiatric disorders, such as pain and depression. Persistent insomnia has been linked with adverse long-term health outcomes, including diminished quality of life and physical and psychological morbidity. Despite its high prevalence and burden, the aetiology and pathophysiology of insomnia is poorly understood. In the past decade, important changes in classification and diagnostic paradigms have instigated a move from a purely symptom-based conceptualization to the recognition of insomnia as a disorder in its own right. These changes have been paralleled by key advances in therapy, with generic pharmacological and psychological interventions being increasingly replaced by approaches that have sleep-specific and insomnia-specific therapeutic targets. Psychological and pharmacological therapies effectively reduce the time it takes to fall asleep and the time spent awake after sleep onset, and produce a modest increase in total sleep time; these are outcomes that correlate with improvements in daytime functioning. Despite this progress, several challenges remain, including the need to improve our knowledge of the mechanisms that underlie insomnia and to develop more cost-effective, efficient and accessible therapies.



2. RESULT

Insomnia is highly prevalent disorder among Babylon medical students they have higher percentage of insomnia and sleep disorders according to our research sample composed of 492 students by 67% (who have insomnia) with 100 male and 230 female with 91% of them study at Babylon university college of medicine and 9% other than medical students. Peak age of incidence is 18_25 years of age. And the most common cause is using of smart phones before sleep, the second cause have stress and anxiety disorders and the third common cause is coffee and tea drinking about 1-2cups a day.

| Causes | Number | Percentage% | Total |
|------------------------------|--------|-------------|-------|
| Use smart phone before sleep | 320 | 97% | 330 |
| Stress and anxiety | 262 | 79% | 330 |
| Drinking coffee and tea | 190 | 58% | 330 |
| Uncomfortable area | 146 | 44% | 330 |
| Travel or night work | 146 | 44% | 330 |
| Eat heavy meal | 110 | 33% | 330 |
| Leaf room light on | 42 | 13% | 330 |
| Mental disorder | 42 | 13% | 330 |
| Smoking | 39 | 12% | 330 |
| Chronic diseases | 6 | 2% | 330 |

CAUSES

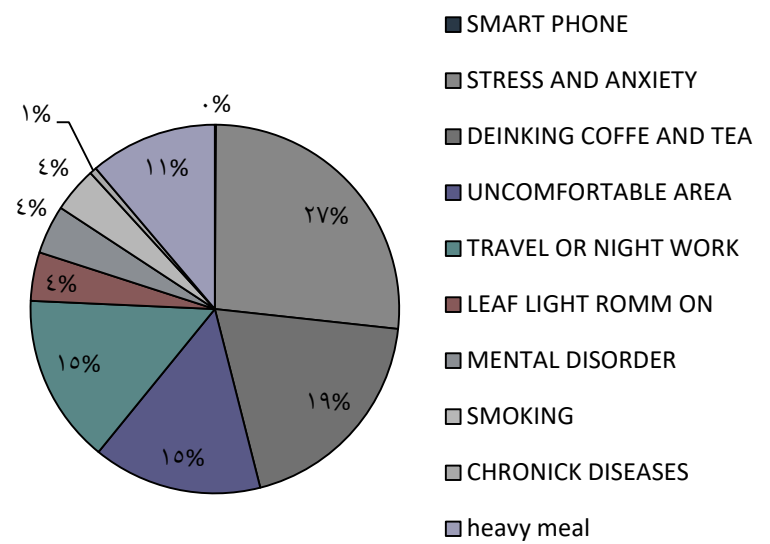


Figure 1(causes of insomnia).

It's evident from the table and figure above that contain list of the causes for developing insomnia and sleep disorders in medical students at Babylon university that the most common cause for insomnia is smart phones use before sleep by 27% (320 from 330 student). The second common cause is the stress and anxiety by 19% (262 from 330 student). The third common cause is coffee and tea drinking by 15% (190 from 330 student). It is important to note that there are people who have more than one reason for development of insomnia and sleep disorders.



SEX

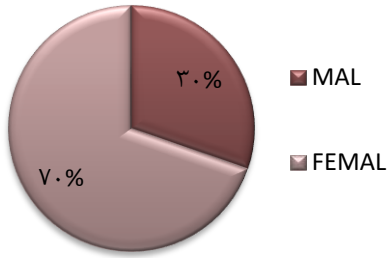


Figure 2 (Percentage of occurrence of insomnia in male and female).

DRINK COFFEE AND TEA

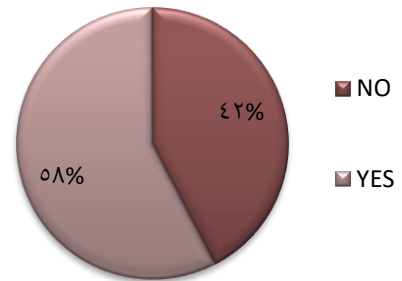


Figure 5 (Relation between drinking coffee and tea with insomnia).

USE A PHONE

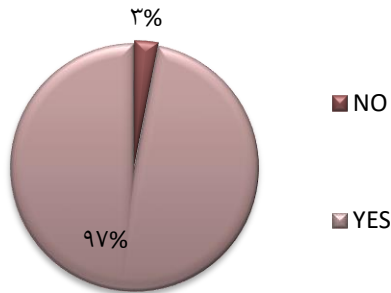


Figure 3 (Relation of using a phone before sleep with insomnia).

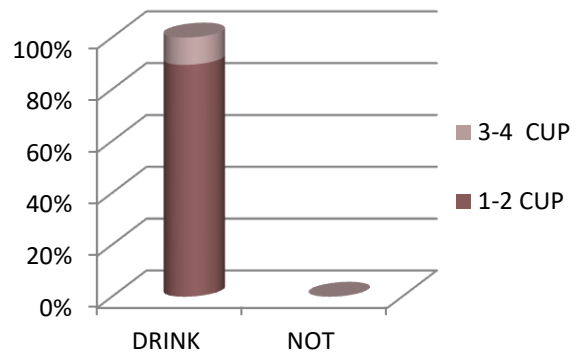


Figure 6 (percentage of drinking coffee 1-2 cup and 3-4 cup).

FEEL ANXIETY AND STRESS

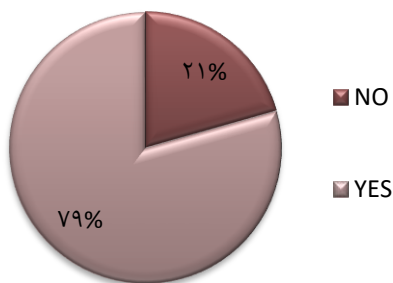


Figure 4 (Relation between stress and anxiety with insomnia).

UNCOMFORTABLE ENVIRONMENTAL

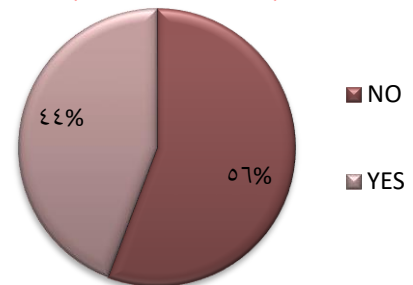


Figure 7 (Relation between uncomfortable environmental area for sleep with insomnia).



TRAVEL OR NIGHT WORK

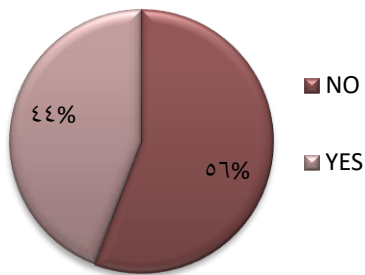


Figure 8 (Relation between frequent travel and night work with insomnia).

MENTAL DISORDER

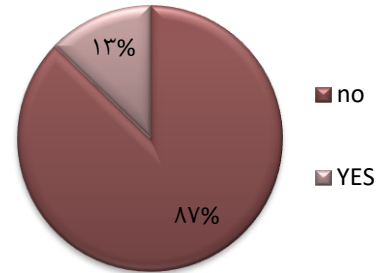


Figure 11 (Relation between mental disorder with insomnia).

EAT HEAVY MEAL BEFORE SLEEP

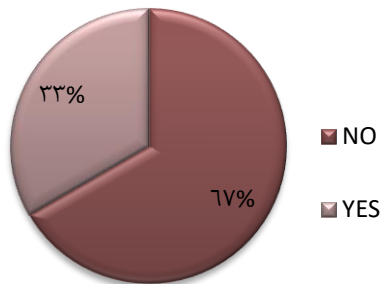


Figure 9 (Relation between eat heavy meal before sleep with insomnia).

SMOKING

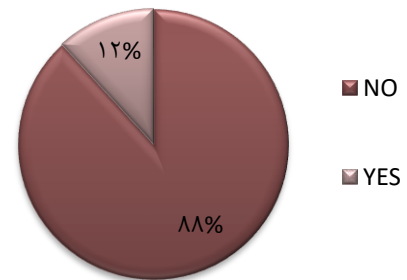


Figure 12 (Relation between smoking and alcoholic with insomnia).

LEAF LIGHT ON IN ROOM

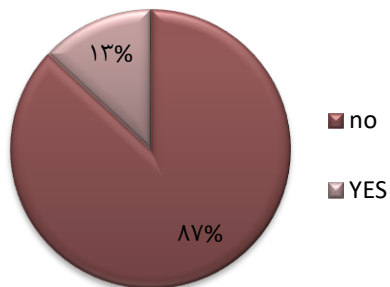


Figure 10 (Relation between left light on in room with insomnia).

CHRONIC DISEASES (DM,HT)

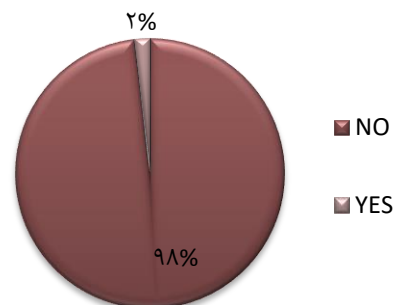


Figure 13 (Relation between chronic diseases (DM,HT) with insomnia).



EFFECT ON DIURNAL ACTIVITY

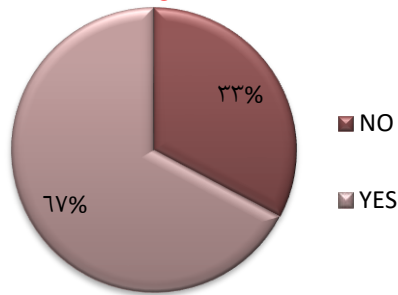


Figure 14 (Effect of insomnia on diurnal activity).

3. DISCUSSION

According to data, medical students at Babylon university had the highest percentage of insomnia and sleep disorders at 67% compared to 40.74% of 135 students at Nishtar university of Pakistan (Int. J. Res. Med. Sci 7 (3), 893, 2019). Insomnia symptoms in 33% of 320 students and revealed significant associations between stress, poor sleep quality in Saudi Arabia university (Saudi medical journal 37 (2), 173, 2016). 26% of 977 students considered to have insomnia at Jordan university (BioMed research international 2019, 2019). 36.8% of 308 medical students in Poland (International journal of environmental

research and public health 18 (6), 3081, 2021). 44.6% of 112 students in Pakistan medical students (Pakistan Journal of Medical & Health Sciences 16 (05), 1080-1080, 2022).

The wide discrepancy in reported rates of insomnia could be attributed to factors such as sample collection during mid term exam, varying sample sizes, difference in population characteristics (year of study, nationally), income status, cultural difference, traditions, educational systems and available technology equipment.

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